

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			SERIAL NO.	FILING DATE	APPLICANT(S)
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
	1	1					51			
2	1	1					52			
3	2						53			}
4	1	1					54			
5	1	1					55			
6	1	1					56			
7	1	1					57			
8	1	1					58			
9	1	1					59			
10	1	1					60			
11	1	1					61			
12	1	1					62			
13	1	1					63			
14	1	1					64			
15	1	1					65			
16	1	1					66			
17	1	1					67			
18	1	1					68			
19	1	1					69			
20	1	1					70			
21	1	1					71			
22	1	1					72			
23	1	1					73			
24	1	1					74			
25	1	1					75			
26	1	1					76			
27	2						77			
28	1	1					78			
29	2						79			
30	2	2					80			
31	1	1					81			
32	1	1					82			
33	1	1					83			
34	2						84			
35	2						85			
36	1	1					86			
37	1	1					87			
38	1	1					88			
39	1	1					89			
40	1	1					90			
41	1	1					91			
42	1	1					92			
43	1	1					93			
44	1	1					94			
45	1	1					95			
46	1	1					96			
47	1	1					97			
48	1	1					98			
49	1	1					99			
50	1	1					100			
TOTAL IND.	1	1					TOTAL IND.			
TOTAL DEP.	13	13					TOTAL DEP.			
TOTAL CLAIMS	49	49					TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS